ABSTRACT
Cannabis seeds were brought to Brazil by African slaves, mainly from Angola by the first half of the fifteenth century. Cultivation was concentrated in the northeast areas of sugar cane plantations and cannabis was used for curing, religious rites, divination and mystic hallucinations. Marihuana use has spread among fishermen and longshoremen in the coastal cities and became known as the “opium of the poor.” A study of prisoners revealed a high incidence of marihuana use.

Various studies include the findings that acute effects of smoking are conditioned by the plant material and the nutritional status and personality of the user, among other factors. The influence of regular smoking (one to three per night) was not evident in the work or ethical conduct of professional drivers. Clinical examinations of fifteen heavy smokers did not reveal any pathology.

In a study of 728 patients at the psychiatric hospital in Bahia, it was found that the role of marihuana was not a significant factor. Both constitutional and pharmacological factors should be considered. Acute schizophrenic psychoses occurred in some young people who were involved in youth movements and were known to have used marihuana. Complete and rapid remission of the psychoses occurred. It becomes difficult to delimit the etiological role of cannabis, in view of multiple pharmacodependencies among certain users and the diametrically opposed views of the mental consequences of chronic cannabis use taken by psychiatrists who diagnose acute reactions accordingly.

It is not certain if cannabis already existed in Brazil when the first Portuguese discoverers arrived. It is certain, however, that by the first half of the fifteenth century, cannabis seeds were brought by African slaves. A charter of Don João III, King of Portugal, dated in 1549, authorized the owner of each sugar plantation to buy up to 1200 African slaves. The planting of sugar cane was localized, in the northeast, the same region in which, through the centuries, the largest plantation of cannabis and a great number of smokers in the rural areas were concentrated.

The majority of the slaves imported at this time came from Angola and nearly all the traditional synonyms for marihuana in Brazil (maconha, diamba, liamba, moconha) had their origin in the Angolan language. Another name, seldom used now, is very significant as to origin: fumo d'Angola [smoke of Angola].

Describing the habits of the population in the sugar plantations in the northeast during the
colonial period, Freyre (1937) noted that the owners allowed the slaves to plant cannabis amidst the sugar cane. And, while the whites smoked cigars and tobacco, the Negroes smoked marihuana, and in it found dreams and stupefaction. Freyre affirms that during the periodic intervals of activity on the plantations, such a pastime avoided the risks of slave laziness, thus contributing to the stability of the workers.

The opposite occurred on the coffee plantations in the southeast, where the slave work load was heavier and the discipline more intense. In this area, it appears that the use of cannabis was uncommon and, moreover, was not tolerated. A popular saying remains in the region: Maconha em pito faz negro sent vergonha [Marihuana cigarettes make a shameless negro].

Either because cannabis already existed in Brazil or it was immediately introduced on contact, there are indications that smoking marihuana was observed among the Indians even during the Colonial period. And in the north, including the Amazon, whose rural population developed with less participation of Negroes, marihuana smokers are also found in certain communities.

There are records of the utilization of cannabis in popular religious rites in the interior zone of the northeast. The predominant sect there is the Catimbó, of Indian origin, with private and public ceremonies, in which spirits are received and sick people cured. Religious syncretism in Catimbó includes the cult of African deities and the use of plants presumed to be of value for medical treatment and magical practices. Among them, marihuana is judged capable of inducing divination, revelation of secrets and mystic hallucinations. Such influences came directly from the Angolan groups, who formed the candombM de caboclo, on the northeast coast, macumba in Rio de Janeiro and umbandismo in the southern region. In these cults, alcohol use is frequent and marihuana does not fail to appear. This does not occur in the candombM nagô, in Bahia. In this sect, derived from the Sudanese Negroes, there is less receptivity to syncretism: alcohol and marihuana do not appear in the rituals and are, in general, considered undesirable and condemned as vices.

Proclamations from the 19th century on impeded the use of marihuana in urban centers, including Rio de Janeiro, capital of the Empire, where imprisonment was the penalty for offenders. The prohibitions of the nation's capital, however, did not reach the planters and smokers of the provinces and were not accompanied by police vigilance.

The most extensive plantations were always maintained in the northeast, particularly in the state of Alagoas, for sale in the capital cities of the region and, also, in those of the south. Some
smokers in the rural zone had small plots of cultivation next to their own houses, exclusively for personal use, a fact that is still not uncommon.

According to the observations of Doria in 1915 (1958) some preconceptions and superstitions were tied to the cultivation of the plant. When it began to branch, the terminal bud was cut to foster the development of the plant. This process was called capacão, a popular synonym for castration. It was not to be done by women, especially during menstruation, under the sanction of acquiring masculine qualities. While cutting the bud, whistling and speaking obscenities were to be avoided (habitual practices among agricultural workers in the region). Harvesting should be restricted from feminine influences.

Preparations of cannabis in teas and brews were always exceptional in Brazil. It is reported that they were indicated, in the rural milieu, for therapeutic purposes: for toothache and menstrual colic. It is possible that, in such cases, there is some anodyne effect.

Smoking in clay pipes, known as maricas, seems to have been the preference, of the slaves. This has continued in some places, of evident Angolan influence, especially among the inhabitants along the banks of the Sao Francisco River.

Descriptions of the past century and the beginning of this one, emphasize the northeastern custom of group meetings for the queima da herva [burning of the grass]. On Saturday nights and on holidays, the smokers got together, generally in the house of the oldest member, and seated around a table, passed the maricas from one to another. Similarly, jangadeiros [raft fishermen] and canoemen in the same boat at sea or on the São Francisco River, adopted an identical system of "assemblies." It is doubtful that these traditional meetings for collective smoking still occur in such populations; at least, it can be affirmed that they are no longer frequent.

Smoking in the form of cigarettes became, in this century, the dominant form of marihuana use among peasants and probably the only form seen in the urban populations.

In the period from 1915 to 1930, several doctors from the northeast related their observations on the use of marihuana, which was no longer restricted to the rural areas. While it was a traditional habit in the country encompassing population groups from certain localities, the use
of cannabis took another form in the coastal cities. Still another name was added to the extensive terminology — "opium of the poor" — faithfully expressing the economic level of the smokers. The greatest frequency of use was among fishermen, longshoremen, and agricultural workers, but the use was also spread among prostitutes and vagabonds. The presence of the vice reached a significant level in the penitentiaries and in some military barracks.

For the same period and subsequent years, there are newspaper articles revealing the clandestine trade that was established, transporting marihuana from the northeast by sea to the large capitals of the south. Rio de Janeiro became the largest importer, but cargoes for distribution in São Paulo were also unloaded in the port of Santos. The correlation between cannabis and social marginality was established in all these cities. To the newspaper articles were added pronouncements by doctors, warning against the criminal effects of marihuana. During the war, information from the health and police authorities (Fanas 1958) expressed a concern about the migration of dealers to Bahia, where North American sailors were seen as buyers capable of paying high prices. It was referred to as a secret fact that some foreigners of an elevated economic level in Brazil were also consumers of marihuana, in sharp contrast to the sociocultural level of the great majority of the users.

In the decade of the 1950's, it was noted that some eccentric writers and artists were secretly habitual smokers of marihuana. In 1957 and 1958 (Pires da Veiga and de Pinho 1962), we examined the subjective symptoms of acute intoxication. Although we had the declared support of the police authorities for the research, and we assured the subjects of confidentiality, it was not possible for us, in Bahia, to obtain the collaboration of any of the intellectuals who were supposed users. This was probably a consequence of their respect for social pressures. The investigation was made partly in the prisons and partly in our private clinic, interviewing only known criminals or marihuana users without criminal records but who were adopting irregular family and professional lifestyles very like the marginais (people who are in a marginal state with regard to the rest of the society).

In a prison of 321 convicts (de Pinho 1962) all, without exception, had already tried marihuana, although there were only 36 habitual smokers. The correlation of cannabis users and criminals who had committed crimes against property was two times higher than that of criminals who had committed crimes against persons. Such findings were discovered when we sought to correlate alcoholism with the type of criminal offense. This fact confirmed findings among non-prosecuted offenders: the incidence of marihuana use was high among the thieves of the city. Nearly always, there were corresponding childhood antecedents of family disorganization and moral abandonment besides poverty and dependence on other intoxicants.
Comparison of the age of first use of marihuana between smokers never prosecuted and those in prison is interesting. Among those in prison, the habit began much later, while among the former it began, generally, during childhood or adolescence. Re-evaluation of the material permitted us to conclude that for those who had been prosecuted, the prison frequently functioned as an environment conducive to the habit.

A study (Pires da Veiga and de Pinho 1962) of 50 marihuana users at this time revealed that the effects of intoxication were conditioned by multiple factors: the authenticity of the cannabis (much is adulterated by the dealers) and its varieties; the age of the plant; the method of smoking; the rhythm of consuming cigarettes; the personality and nutritional condition of the user. Also, tranquility, comfort and liberty appeared as very important factors, proportionate to the noisier euphoric stimulations. There were individual preferences with regard to the surroundings however, in general, the beaches appear to be the locales. Collective smoking in small groups was the preferred setting for nearly everyone.

In 1969 and 1970, the habit was appreciably diffused, at least in the regions of greatest demographic density. The commercial trade of marihuana had multiplied in the large cities and along the highways. In Bahia, we observed its increased incidence in a well-defined group: that of professional drivers. They were almost all men of the lower middle class with stable families, consuming one to three cigarettes a night. They smoked alone, at home, without the tumult of intoxication. The influence of this habit was not evident in their work or ethical conduct.

During this period an increase in very diverse social aspects occurred with regard to the use of cannabis in Brazil. In the larger population centers, there was a great diffusion of fortuitous or habitual use among middle- and upper-class adolescents. This started merely with recognizably maladjusted youth, assimilated more or less transitionally to the hippie communities. Later, it appeared in clubs, bars, public festivals and even in dances at private residences. In spite of legal prohibitions, the trade is easily carried on. Vendors of cigarettes, tobacco and ice-cream, cashiers at restaurants and bars and employees of the schools are frequently middlemen for the sale of marihuana. Low-class brothels, patronized by marginais, continue to permit the storage and sale of marihuana. But, in the larger cities, the plazas and the beaches of the residential neighborhoods — the most elegant and those of the middle class — also have their special places for this trade. The majority of buyers are young, at the pre-university level. In the universities, appreciable differences are noted according to the course of study. Diverse observers concur that the students of the arts, communications, and human sciences seem to adopt the habit more than the candidates in medicine, engineering and other technical professions. Nearly always, the attitude of older people is that of rejection of the use of marihuana, and at times even terror of its use. But young people, even those who do not adhere to the habit, take a relatively permissive position with regard to its use.
In one of the studies carried out in the decade of the 1950's (de Pinho 1962), on the basis of material from the marginais and prisoners, our attention was drawn to the frequency with which dependency on other intoxicants was recorded in the histories of chronic marihuana users. And the fact gained significance on comparison with the backgrounds of alcoholics who in general are dependent only on alcohol. What is observed at present among young Brazilians who become habitual cannabis users is that once the continual use of marihuana is established, there follow in progression experiences with other intoxicants, established simultaneously or successively and other dependencies, especially that of amphetamines. According to the police authorities, the chronic user of only marihuana is rare or, if they exist in great numbers, they do not become known or arrested. The offenders in prison, including the adolescents, are, nearly always, multidependents.

With regard to the comparison with alcoholism, it is worthwhile to record two interrelated facts. Contrary to tradition, the present adolescents of the upper and middle classes reveal an appreciable disinterest in alcoholic beverages. On the other hand, parents do not show the anxiety formerly observed with regard to the possibility of alcoholism among their children. This contrasts with their accentuated fear in relation to marihuana and other intoxicants.

It is important to appreciate the problem as it refers to medical aspects. Clinical and laboratory examinations in 1969 (de Pinho 1969) of 15 heavy smokers did not reveal any bodily disturbance related to chronic intoxications. There was even some coincidence, in several of our observations, with an excellent state of nutrition, perhaps comprehensible, if one takes into account the appetite that acute intoxication customarily provokes.

Brazilian psychiatrists are divided with regard to the means of evaluating the mental consequences of chronic use of cannabis, reaching radically opposed positions: those that underestimate and those that exaggerate the possibility of the occurrence of mental consequences. Such a debate is not relevant to the frequent theme of ethical decadence, which ought not to be attributed to the pharmacological action of the intoxicant, but to a set of social and economic conditions habitually associated with the situation. The divergence grows, however, in importance in the relationship between the chronic use of marihuana and psychoses.

This difference of attitudes cancels out an appreciation of the statistical data, since the acute psychopathological pictures occurring in chronic marihuana users are diagnosed by some as toxic psychoses and by others as schizophrenias. And the etiopathogenic role of cannabis becomes even more difficult to delimit in view of the constant coincidence with other pharmacodependencies.
In 1957 (de Pinho 1962), we made an inquiry at the public psychiatric hospital of Bahia, obtaining responses from 728 patients that we deem reliable. Among this group, there were 327 schizophrenics and 44 patients diagnosed as psychopathic personalities. Of the total, there were eight individuals with backgrounds of marihuana use. Among these eight, only four had been admitted in psychosis: one with the Korsakoff syndrome, one with general paralysis and two with well defined schizophrenia. Therefore, we considered, that the role of marihuana in these cases was not significant.

Keeping in mind the dissemination of marihuana in recent years, especially among young people, it is understandable that, at the present time, a much larger number of the patients hospitalized reveal a background of marihuana use. It is, however, worth noting that the psychoses observed in marihuana users without a history of other dependencies have, in common, a schizophreniform physiognomy, never presented in our casuistry, and other traditionally known syndromes of exogenous reaction.

Our personal observation conforms fully to the taxonomy proposed by Lucena (1961) on relating the psychoses of cannabis users at least as they are presented in our milieu • a) precipitation of a previously unapparent schizophrenic process; b) intensification of the symptomatology already characterized before, especially, proportionate to the exacerbation of delirious production; c) rise of symptomatic schizophrenic complexes, with benign evolution.

In each of these possibilities, it is evident that there should be supposed the participation of an endogenous factor (the constitution) and an exogenous factor (the intoxicant). In all the cases, it is necessary to recognize the essentiality of predisposition, but there is no reason to deny the additional performance of cannabis.

Analyzing the etiopathogenic complex in a wider multidimensional perspective, we think, however, that psychogenic factors can be included, whether they contribute toward the precipitation of psychosis, or whether they provide the content for psychopathological production. It is important to bear in mind, also, the change of life plans and the loss of social roles.

Between 1968 and 1971, political modifications were reflected in youth movements, interrupting certain social programs, avoiding collective manifestations and impeding the exercise of some
leadership roles. Our casuistry at the time included acute schizophrenic psychoses occurring in some of these young people who were known to have used marihuana more or less continuously. Complete and rapid remission of the psychoses was demonstrated. Such cases behaved thus like “psychogenic reactions in an altered sphere,” in the sense of Kurt Schneider. A predisposed constitution and the intoxication to precipitate the traumatic events repeat themselves, meanwhile, in all the characteristics of the symptomatic model of schizophreniform.

In 1971, an Antitoxicant Law was passed in Brazil which prohibits the private planting, cultivation, harvesting and exploitation of all varieties of toxic plants. In spite of the formal enforcement of this law and the strongly repressive measures that it prescribes, it does not appear to have caused until now any appreciable change in the system of marihuana trade, in its diffusion or in its medical: repercussions. Police activity seems more oriented toward the dealers and users of lower social levels who, in general, present asocial behavior and reactions of various types. Families of the middle- and upper-classes are anxious about conflicts between children and parents, and marihuana is frequently the theme of these conflicts. Among parents, there is a tendency to attribute to cannabis the slowness of young people in assuming their identities and responsibilities. The younger generation, while it includes many individuals with deviant behavior, including dependence on drugs, has a much greater proportion of those who harmoniously overcome the problems of age and launch themselves in the adequate fulfillment of their social roles. Many among these have had an occasional marihuana experience, they do not seem to have any biases against it, but are pessimistic with regard to the productivity of those who use it continually.

In Brazil, there are those who think that the juvenile vogue of smoking marihuana is beginning to decline. There are those who judge that there is less talk of the subject in certain areas, because acceptance by the communities is consolidating. It is too early to confirm or deny either of these two possibilities, as well as the consequences that will result from one or the other.

**SUMMARY**

In Brazil, where the use of cannabis has existed since the Colonial period, it was first a habit of the slaves. Its use was later consolidated in certain population groups in the rural zones. In this century, it spread to the small cities of the coast and, later, to the metropolises. In the urban areas it has lasted for decades, particularly among the criminals and marginais which led, always, to the image of asociability and danger attributed to the users.
In recent times, occasional or habitual use appeared extremely common among middle- and upper-class youth in the urban nuclei. The young people who established the habit followed it by other intoxicants, especially amphetamines.

Upper-class adults transferred to marihuana the fears they formerly had about alcohol, while the young people, even the non-users of marihuana, appear to have a permissive attitude with regard to cannabis.

In recent years our attention has turned to the relationship between chronic use of marihuana and psychosis. It is beyond doubt that marihuana exacerbates the delirious production of the schizophrenics. But we have also observed benign schizophrenic syndromes in cannabis users. The analysis of such cases in a multidimensional perspective suggests the interrelationship of the constitutional and the toxic factors, but also of psychogenic factors, including the relationships with social situations.

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